Plaintiff's Exhibit A

Declaration of Daniel J. Horwitz

Dated January 16, 2009

Erica Welker

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Law Office of Daniel J. Horwitz

Case No: 08cv2259 IEG (WMc)

	Case 3::U8-cv-U2259-IIEG-WIMIC Documen	t 136-2 Hilled 012//219//019 Pragge 12 of 4
1 2 3 4	John A. Mayers, Esq. (CSB #149149) MULVANEY, KAHAN & BARRY 401 West A Street, 17th Floor San Diego, CA 92101-7994 Telephone: 619 238-1010 Facsimile: 619 238-1981 Email: imayers@mkblaw.com	
5 6 7	Attorneys for Defendant LAW OFFICE OF DANIEL J. HORWITZ	=
8	UNITED STATES DISTRICT COURT	
9		
10	SOUTHERN DISTRICT OF CALIFORNIA DISTRICT OF CALIFORNIA	
11	ERICA WELKER,	CASE NO. 08-CV-2259-MMA-WMc
12	Plaintiff,	DECLARATION OF DANIEL J. HORWITZ IN SUPPORT OF MOTION
13	V.	TO DISMISS COMPLAINT PURSUANT
14	LAW OFFICE OF DANIELJ. HORWITZ,	TO FRCP 12 (B) (6) AND CALIFORNIA ANTI-SLAPP LEGISLATION; REQUEST FOR FEES AND COSTS
15	Defendant.	Deter March 20, 2000
16		Date: March 20, 2009 Time: 2:30 p.m.
17	I DANIEL LUCDWITZ declare co	Courtroom: 5
18	I, DANIEL J. HORWITZ, declare as follows:	
19	1. I am an individual, over the age of eighteen years and the principal of	
20	the Defendant in this action. I am also a duly licensed and practicing California	
21	attorney. I have personal knowledge of the foregoing facts, and, if called as a	
22	witness, I could and would competently testify thereto.	
23	2. Attached hereto as Exhibit "A" and incorporated herein by reference are	
24	true and correct copies of the Validation Notices I prepared, and caused to be served	
25	on SHANNON CURIEL and ERICA WELKER.	
20	The letters comprising Exh	ibit "A" were served only on the intended

recipients. Each was served along with the appropriate Summons and Complaint

and the Notice of Case Assignment related to the State Court litigation I commenced

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against each.

LAW OFFICE OF DANIEL J. HORWITZ 110 West C Street, Suite 913 San Diego, California 92101 Tel. (619) 236-1149 Fax: (619) 236-0793

VALIDATION NOTICE

October 2, 2008

TO: ERICA WELKER

6064 Paseo Pradera Carlsbad, CA 92009

RE: Creditor: AMBULATORY CARE SURGERY CENTER Principal amount of claim: \$23,508.61

AMBULATORY CARE SURGERY CENTER has retained me to collect your outstanding balance, interest at the legal rate, and reimbursement of court costs related to your past-due account for medical services rendered.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of the debt or any portion thereof, this office will assume the debt is valid.

If you notify this office within 30 days after receiving this notice that this debt, or any portion thereof, is disputed, this office will obtain verification of the debt or obtain a copy of the judgment and mail you a copy of such judgment or verification.

If within 30 days of your receipt of this notice you request that this office provide you with the name and address of the original creditor, if there is a different creditor from the named creditor above, this information will be provided, or we will confirm that the named creditor above is the original creditor.

All statements set forth herein pertain to your relationship with me as a debt collector. It does not affect your dealings with the court, and in particular it does not change the time at which you must answer the complaint. The summons is a command from the court, not from me, and you must follow its instructions even if you dispute the validity or amount of the debt. The advice in this letter also does not affect my relations with the court. As a lawyer, I may file papers in the suit according to the court's rules and the judge's instructions.

This office is acting as a debt collector. Any information obtained will be used for that purpose.

Daniel J. Horwitz, Esq. Attorney at Law

LAW OFFICE OF DANIEL J. HORWITZ 110 West C Street, Suite 913 San Diego, California 92101 Tel. (619) 236-1149 Fax: (619) 236-0793

VALIDATION NOTICE

October 3, 2008

TO: SHANNON CURIEL

1538 Willowspring Drive Encinitas, CA 92024

RE: Creditor: AMBULATORY CARE SURGERY CENTER Principal amount of claim: \$7,593,17

AMBULATORY CARE SURGERY CENTER has retained me to collect your outstanding balance, interest at the legal rate, and reimbursement of court costs and attorney's fees related to your past-due account for medical services rendered.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of the debt or any portion thereof, this office will assume the debt is valid.

If you notify this office within 30 days after receiving this notice that this debt, or any portion thereof, is disputed, this office will obtain verification of the debt or obtain a copy of the judgment and mail you a copy of such judgment or verification.

If within 30 days of your receipt of this notice you request that this office provide you with the name and address of the original creditor, if there is a different creditor from the named creditor above, this information will be provided, or we will confirm that the named creditor above is the original creditor.

All statements set forth herein pertain to your relationship with me as a debt collector. It does not affect your dealings with the court, and in particular it does not change the time at which you must answer the complaint. The summons is a command from the court, not from me, and you must follow its instructions even if you dispute the validity or amount of the debt. The advice in this letter also does not affect my relations with the court. As a lawyer, I may file papers in the suit according to the court's rules and the judge's instructions.

This office is acting as a debt collector. Any information obtained will be used for that purpose.

Daniel J. Horwitz, Esq. Attorney at Law